

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5		1		1		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11	1		1			
12	1		1			
13		2		2		
14	1		1			
15		1		1		
16	1		1			
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50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	15	↓	15	↓		↓
TOTAL CLAIMS	23		23			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS